

**SLDBE/EDB CERTIFICATION CHECKLIST FOR NOAB,
STATE AND/OR LOCALLY FUNDED CONSTRUCTION PROJECTS,
ALL SEWERAGE AND WATER BOARD CONTRACTS,
AND JAZZ CASINO COMPANY, LLC D/B/A HARRAH'S NEW ORLEANS CASINO CONTRACTS**

Name of Business _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

E-Mail _____

Review of Supporting Documents for Certification:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Sole Proprietorship/Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Company (LLC) | |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | | |

SUPPLY ITEMS CHECKED

- ✓ Notarized Affidavit
- ✓ Articles of Incorporation
- ✓ Corporation Bylaws
- ✓ Stock Certificates (if any, copies front and back)
- ✓ Stock owned: ☐ common or ☐ preferred. How many shares of stock are authorized to be issued?
- ✓ Financial Statement
- ✓ Signed copies of the Corporate Federal Tax Return Form 1120/1120s (including schedules) for the last three (3) years
- ✓ Signed copies of Federal Tax Return Form 1040 with W-2 (when officers' compensation is not shown corporation has been operational for less than 3 reportable tax years) for the last five (5) years
- ✓ Resume(s) of officers/individuals
- ✓ Proof of U.S. Citizenship
- ✓ Current license to do business in LA (Current City of New Orleans Occupational license or proof of registration w/ City of New Orleans or other municipality or political subdivision)
- ✓ Documents reflecting each partner's percentage of profit sharing, loss and ownership of capital
- ✓ Documents indicating the firm's initial capitalization and any subsequent capitalization
- ✓ Certificates of title for equipment owned by business

SCHEDULE A

INFORMATION FOR DETERMINING STATE-LOCAL DISADVANTAGED BUSINESS ENTERPRISE ELIGIBILITY

If the New Orleans Aviation Board, the Sewerage & Water Board, the City of New Orleans, or Jazz Casino Company, LLC d/b/a Harrah's New Orleans Casino have reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements or acted in a manner prohibited by state and federal law, the responsible official shall refer the matter to: the Counsel for New Orleans Aviation Board; the Special Counsel for the Sewerage & Water Board; the City Attorney; or Vice President of Legal Affairs for the Western Division of Jazz Casino Company, LLC d/b/a Harrah's New Orleans Casino. Either counsel may initiate procedures for suspension or debarment and/or refer the matter to the state or local law enforcement agencies, as deemed appropriate.

A complete Schedule A and the supporting documents submitted therewith shall be protected by the New Orleans Aviation Board, the Sewerage & Water Board, the City of New Orleans, and Jazz Casino Company, LLC d/b/a Harrah's New Orleans Casino as confidential and/or proprietary to the extent allowable under Louisiana's Public Records Act.

1. Name of Firm _____
2. Address of Firm _____
City _____ State _____ Zip _____
3. Phone number of Firm (____) _____ Fax (____) _____
E-mail Address: _____
4. Contact Person(s) _____

OWNERSHIP QUESTIONNAIRE (Questions 5-30 pertain to the individual owner(s) of the firm seeking DBE certification AND, if married, by each applicant's spouse. Each owner who claims to be disadvantaged must answer questions 5-30.)

5. Did you reside in a single-parent or single-guardian household while in high school?
☐ Yes If yes, how long? _____
☐ No
6. Please state the occupation of each your parent(s) or guardian(s) with whom you resided during high school. Each disadvantaged owner must respond.
Mother's Occupation _____ Father's Occupation _____
Guardian's Occupation _____
7. What was the size of your family when you grew up?
_____ Number of adults _____ Number of children
Relationship(s) of adults _____
8. What was your family's income for each of your high school years?
_____ 1st Year _____ 3rd Year
_____ 2nd Year _____ 4th Year

9. **Did you reside in public or section 8 housing for more than one (1) year?**

☐ Yes If yes, how long? _____

☐ No

10. **Please indicate the educational level achieved by each parent or guardian with whom you resided while in high school. Each disadvantaged owner must respond.**

	<u>Mother</u>	<u>Father</u>	<u>Guardian/Other</u>
Not a High School Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some Schooling Beyond High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. **Did your family receive any of the following forms of public assistance for more than one (1) year? Check any applicable forms of assistance.**

☐ AFDC (Aid to Families with Dependent Children) or TANF

☐ Medicaid

☐ Food stamps

☐ Supplemental Security Income (Social Security)

12. **Why type of schools did you attend?**

Elementary School	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Parochial
Junior High / Middle School	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Parochial
High School	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Parochial

13. **What is your educational level?**

<input type="checkbox"/> Not a High School Graduate	<input type="checkbox"/> Vocational or Technical Training
<input type="checkbox"/> High School Graduate Only	<input type="checkbox"/> Some Schooling Beyond High School
<input type="checkbox"/> College Degree	<input type="checkbox"/> Post-Graduate Work
<input type="checkbox"/> Post-Graduate Degree	

14. **Was it ever necessary to work outside of your home during your high school years?**

☐ Yes ☐ No

If Yes, please explain: _____

15. **Did you receive financial aid while in college or vocational education training?**

☐ Yes ☐ No If Yes, check the appropriate aid source(s):

☐ Grant(s) ☐ Loan(s) ☐ Scholarship(s)

☐ I financed my own education ☐ My parent(s) or guardian(s) financed my education

16. **Do you have a disability which substantially limits one or more of your major life activities?**

☐ Yes ☐ No

If Yes, please describe the disability and the manner in which it interferes with the performance of ordinary day-to-day tasks.

(Please provide a letter from a doctor or other document confirming your disability.)

17. **Is your native language English?**

☐ Yes ☐ No

If No, please indicate the age you began to speak English: _____

18. **Do you speak with an accent?**

☐ Yes ☐ No

19. **Please indicate your total year ending household income for each of the last three (3) years.**

YEAR	INCOME
200_____	\$ _____
200_____	\$ _____
200_____	\$ _____

(Provide copies of your federal and state income tax return for each of those years.)

20. **What is your personal net worth (assets less debts) as of the date of this application?**

\$ _____

(Provide a personal net worth statement as of the date of this application.)

21. **Do you own the home in which you reside?**

☐ Yes ☐ No

22. **If you own the home in which you reside, state the purchase price of the home, the date of purchase, and the present mortgage balance.**

\$ _____
(Price)

(Date of Purchase)

\$ _____
(Present Mortgage Balance)

23. **Do you hold an ownership interest in any other business?**

☐ Yes ☐ No

If so, describe each business, state the interest(s), and if the business is active.

Name & Description _____

Interest _____% Is the business active? _____

Name & Description _____

Interest _____% Is the business active? _____

Name & Description _____

Interest _____% Is the business active? _____

24. **Does your spouse hold an ownership interest in any other business?**

☐ Yes ☐ No

If so, describe each business, state the interest(s), and if the business is active.

Name & Description _____

Interest _____% Is the business active? _____

Name & Description _____

Interest _____% Is the business active? _____

Name & Description _____

Interest _____% Is the business active? _____

25. **Are you an officer or director of any business other than the business which is the subject of this application?**

☐ Yes ☐ No

If Yes, list the companies and positions held.

26. **Have you ever been denied a personal loan or mortgage when you believe you were qualified to obtain it?**

☐ Yes ☐ No

If Yes, please explain. You may explain in a separate confidential statement. Provide a sworn affidavit of a third party who can verify this denial.

27. **Have you ever been denied admission to a school or university when you believe you were qualified for admission?**

☐ Yes ☐ No

If Yes, please explain. You may explain in a separate confidential statement. Provide a sworn affidavit of a third party who can verify this denial.

28. **Have you ever been denied membership in a club or social organization?**

☐ Yes ☐ No

If Yes, describe the discriminatory conduct. You may explain in a separate confidential statement.

29. **Have you ever been denied employment or promotional opportunities in employment when you believe you were qualified?**

☐ Yes ☐ No

If Yes, describe the discriminatory conduct. You may explain in a separate confidential statement.

30. To what business, fraternal or social organizations do you belong?

BUSINESS QUESTIONNAIRE (Questions 31-56 pertain to the business, rather than the individual, owners.)

31. Describe the nature of the business. Specify major services/products. (NAICS codes)

32. In what area(s) do you desire to be certified? If your firm is a construction firm, list the applicable CSI codes from the attached list.

33. Has your company previously applied for the SLDBE certification with either the City of New Orleans, Sewerage and Water Board, the New Orleans Aviation Board, or Jazz Casino Company, LLC d/b/a Harrah's New Orleans Casino?

☐ Yes ☐ No If Yes, please state the year of application: _____

34. Identify the location(s) in which your firm does business:

States _____ Counties/Parishes _____

35. Years your firm has been in business: _____ Did your firm ever operate under another name? If so, specify name and the type of ownership:

Name: _____

Type of Ownership: _____

Type of Business: _____

36. Type of ownership: (check one)

☐ Corporation

☐ Partnership

☐ Sole Proprietorship

☐ Joint Venture

☐ Limited Liability Partnership

☐ Limited Liability Company

☐ Other, specify: _____

37. **Ownership of firm. Identify all those who own five (5) percent or more of the firm:**

A	B	C	D
Name	Years of Ownership	Ownership Percentage	Voting Percent

38. **If you believe that one or more owners are not disadvantaged, list the contributions of money, equipment, real estate or expertise of each of those owners. (*Attach separate sheet(s) if necessary.*)**

39. **Control of firm. Identify, by name and title, those individuals, including owners and non-owners, who are responsible for day-to-day management and policy decision-making including, but not limited to, those with prime responsibility for:**

a. Financial Decisions

b. Management Decisions, such as:

(1) Estimating

(2) Marketing and Sales

(3) Hiring and Firing of Management Personnel

(4) Purchase of Major Items or Supplies

c. Supervision of Field Operations

40. For each of those persons listed in number 37, provide a brief summary of the person's experience and number of years with the firm, indicating the person's qualifications for the responsibilities given him or her. *Attach separate sheet(s), if necessary.*

41. Describe, or attach a copy of, any stock options or ownership options that are outstanding and any agreements between owners or between owners and third parties which restrict the ownership or control of the disadvantaged owner(s). *Attach separate sheet(s), if necessary.*

42. Identify any owner or management official of the named firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named firm. Present business relationships include: shared space, equipment, financing or employees, as well as both firms having some of the same owners.

Also, attach a list of persons in the firm who are currently working for any other business which has a relationship with this firm. Relationships include interaction, on a full-time or part-time basis, as an owner, partner, employee or consultant.

43. Has your business ever been denied credit or a loan by a bank or other financial institution for which you believe the business was qualified?

☐ Yes ☐ No

If Yes, explain. You may explain in a separate confidential statement. Please provide a copy of the document denying the loan and/or credit.

44. **Has your business ever experienced discrimination by a bank or other financial institution?**

☐ Yes ☐ No

If Yes, describe the discriminatory conduct.

45. **Has your business ever experienced discrimination in dealings with a contractor?**

☐ Yes ☐ No

If Yes, describe the discriminatory conduct. You may describe the conduct in a separate confidential statement.

46. **Has your business ever experienced discrimination by a bonding company?**

☐ Yes ☐ No

If Yes, describe the discriminatory conduct. You may describe the conduct in a separate confidential statement.

47. **Describe your company's contracting history over the past three (3) years, indicating if the work performed was for non-governmental or governmental agencies. *Attach separate sheet(s), if necessary.***

Contract	Non-Governmental (Private)	Governmental (Public)
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
<hr/> % of Non-Governmental Contracts	<hr/> % of Governmental Contracts	

48. Please list all bids submitted by your company over the past three (3) years and whether each was successful or unsuccessful/rejected. *Attach separate sheet(s), if necessary.*

Bids	Successful	Unsuccessful / Rejected
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

49. List all jobs on which your company performed as the prime contractor over the past three (3) years.

50. Please list all equipment owned or leased by your company. *Attach separate sheet(s), if necessary.*

51. State the firm's gross receipts, percentage of gross profits and net profits (pre-tax) of your company for each of the last three (3) years.

Year Ending	Gross Receipts	% Gross Profits	Net Profits
200_____	_____	_____	_____
200_____	_____	_____	_____
200_____	_____	_____	_____

Attach the following documents to correspond with the figures above:

- Copies of federal, corporate or other business income tax returns for the last three (3) years
 - Copies of the company's balance sheet for each of the past three (3) years
 - Copies of the company's profit/loss statement
- (No later than 90 days old from the date of the submission of this application)

52. Name of bonding company, if any: _____
 Bonding Limit: _____

53. Describe bank credit, loans or lines of credit available to your firm.

Amount	Lending Entity	Maturity Date

54. Are you authorized to do business in the state, as well as locally, including having all necessary business licenses? If so, please indicate the license number(s):

Type of License	License Number

(Attach one copy of each operating license issued to the firm, if any.)

55. Has the firm ever applied for, been granted, or been denied DBE certification by:

	Applied	Granted	Denied	Pending
Sewerage & Water Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of New Orleans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Transit Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orleans Parish School Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Authority of New Orleans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United States Department of Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were certified or denied, name the certifying authority, date and circumstances of such certification or denial.

56. How many people does your firm employ?

_____ Full-time _____ Part-time

SCHEDULE A

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____

Name of Firm

as well as the ownership thereof. Further, the undersigned agrees to provide, through the prime contractor or, if no prime, directly to the NOAB, the Sewerage & Water Board, the City of New Orleans or Jazz Casino Company, LLC d/b/a Harrah's New Orleans Casino, current, complete, and accurate information regarding actual work performed on the project, the payment therefore, and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records, and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal and State laws concerning false statements.

NOTE: If, after filing this Schedule A and before the work of this firm is completed on the contract covered by the SLDBE Program, there is any significant change in the information submitted, you must inform the NOAB of the change through the prime contractor or, if no prime contractor is involved, inform the NOAB directly.

Signature _____

Name (print or type) _____

Title _____ Date _____

Corporate Seal (where appropriate)

Date _____

State of _____

County/Parish of _____

On this the _____, day of _____, _____, before me appeared _____, to me personally known, who being duly sworn, did execute

Name

the foregoing affidavit, and did state that he/she was properly authorized by _____,

Name of Firm

to execute the affidavit and did so as his/her free act and deed.

NOTARY PUBLIC

(Seal)

My commission expires _____.